	STATE OF MARYLAND	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE KNOWN (Type or Print) of RUDOLPH DYE June 198 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR 3 SEX 4 RACE IF UNDER 24 HRS S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD July 11 1921 Male Cauca. Za. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TRINEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED Georgia U. S. A. WIDOWED [ Caroline 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 4 Randolph Street Transport. Truck of Denton 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Caroline odmission) STATE Denton YES NO 714 Randolph St. 21629 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last David Dve Laura Shelton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po. ar unknown) (If yes give war at dates of service) 252303682 Mrs. Eula Mae Dye. Denton. MD 21629 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY YOCARDIAL INFARCTION per OSCLEPOTIC CARDIOVASC DISEASE CHRONIC Conditions, if any, which gave rise to immediate cause (a), farwarded DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PARI 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🔀 Inquiry 📉 ond in my opinion deoth resulted from: Suicide [ Notural causes Accident . Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Christian E. Jensen, M. D. ADDRESS(Street, city, tawn, or caunty) Denton. Maryland 23a BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Denton Cemetery Denton Caroline Maryland 24\_ FUNERAL DIRECTOR Julia Davidon-Handale (VR A15ME (5))

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STATE OF MARYLAND

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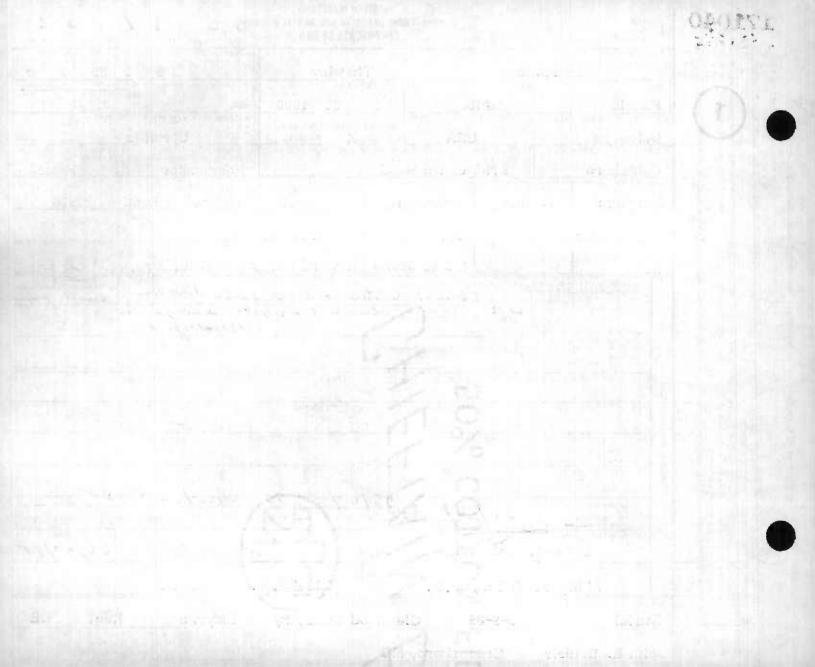
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4 may be tor, page 3 ofter death	3. SE		RACE S. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
r deoth. Poge funeral direc ithin 72 hours		IRTHPLACE (STATE OR FOREIGN 71	6. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIMORCED	9. BALTIMORE CITY OR COUNTY  Caroline	OF DEATH MD
by the fun filed withir	10.0	Denton	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPOF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
24 hours		AL RESIDENCE (IF NURSING HOME OR O STATE 136, COUNT		130. SIDEEL ADDRESS OX 2.5	OA 21629
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ond composes to be a secured t	16a.	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT WAR OR DATES! 577241721 ADELINE	3. SHREWS BUR	BENTON,
ificate be physician npopers. I movol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	( ) ( )	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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sicility year		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	LIQUID A AL ALQUITH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2}
4 5 4 P P	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY TAT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  218. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Sa eol		22a I certify that (I) (this haspite saw the deceased alive on	5 Olin 19 50 , and that in (my) (our) opinion	death occurred on the date and hou	19 3, that (I) (we) lost rond from the couses stated
the horizon trache e Dep	1	obove, (I) (we) (did not)  22b. SIGNATURE	1 DEGREE	MEDICAL STAFF	221. DATE SIGNED
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0 5 0 5 ₹ <b>X</b>	230.	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OF TOWN 25 SI	SOUNTY DEL STATE
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may de	3. SE		4. RACE		5. DATE O	FBIRTH		6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS		
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by the fa	C	ITY OR TOWN OF DEATH	Brid	11. NAME OF HÖSPITAL, NÜRSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Bridgetown Road					TYPE OF WORK FOR MOST OF WORKING LIFE)  Homemaker  Home				
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amplete and 2		ATHER'S NAME FIRST UNKNOWN	MIDDLE	Still		U	rs maiden na First Inknown	MIDDLE LAST					
certificate be executing physician and components. Pages premoval.	- (	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIALS	6957D	17 INFORM	rd Banl	ks (	ADDRESS Goldsbord				
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quires that the deatl signed by the otten hen please remore or to burial, cremation, njury, or ather troumo	z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(b) DUE TO, O	R AS A CONSE	OUENCE OF	NOT RELATE	D TO THE TERM	AINAL DISEASE	OR CONDITION	GIVEN IN PART	110		
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TAL OR AT y the hasp RAL DIREC detached i fate Dept.		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  228. PHYSICIAN'S NAME (TYPE OR PRINT)  129. ADDRESS								221. DATE SIGNED			
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TO HOSPITAL retained by the TO FUNERAL should be deter with the State MAPORTANT: III		. R. Tra		13.0					oomingda g, Md. 2		venue		
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s after d	Total C	10. CT	TY OR TOWN OF DEA	тн	St. Get	rtrude	URSING HOME STREET ADDRESS) 's Infiri	mary	TITUTION	120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF Nun/Teach	F WORKING LIFE!	126. KIND OF INDUSTRY Churc	BUSINESS OR
2 hour	71	13a. S	L RESIDENCE (IF NURSI TATE Maryland	136 COUN Caro	ITY	130. CITY OF	RTOWN	YES T	но 🛚	13e STREET ADDRESS		21660	
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	1	(Y	/AS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMA		ude's Prior		dgely,	MD
physical participants of the participant of the participants of the participant of	went, the		PART I. DEATH W		ly one cause per D BY: E CAUSE (o)	ACU	b), and ie	17000	vdial	INFAVE	tion	BETWEEN C	URS
the death certified of the ottending remove correction, or the ottending remotion, or the ottending of the o	her froumotie		Conditions, if any, gove rise to imm couse (a), stating	which rediote g the	DUE TO, O	AS	SEQUENCE OF	/				yeu	vs
N 6 6 6 5	njury, or other	MOIL		rter	nsion	) +	G TO DEATH BU	ETES	mel	INAI DISEASE OR CON	DITION GIVEN		
ALRECO The low ricion. e hos bee sit permit.	1	CERTIFICATION					VHICH OPERALI			YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require offending physician.  Ifter this certificate has been sign os the buriol-transit permit. Then th and Mental Hygiene prior to b	kem 18	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE A	P.	.M. MONTI .M.	H DAY YEAR			ED (ENTER NATURE OF INJUI	RY IN ITEM TO PART	1 OR PART 2)	
NG PHY affect this be the built ond M	orked or	MED	214 INJURY OCCURR WHILE NOT WH AT WORK AT WORK	ILE	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY C	OFFICE, FARM ETC )	21f. LOCATH STREET	ON ON	CITY OR TO	wn	COUNTY	STATE
teoles de la cole	121 is mo		22a. I certify that (1) saw the decease above, (1/(we) (d	d aliveron	56/11		1965		Jaur) opinian o	to 6	nte and hour o		
ITAL by 1 RAL Store	NT: # Hen		226/SIGNATURE	ME (TYPE O	) S	p	ul		ATTENDING PHYSICIAN			22c. DATE	IGNED
TO HOSPITAL retained by TO FUNERAl should be de with the Stat	MPORTANT		William J	. Ba	rifield,	M.D.		East	on, Ma	•			
BP		(	Burial	REMOVAL		26-85		ertrude	s	23d LOCATION CITY OR TOWN Ridgely		CA	MD
DHMH - 16 50M 4/ (VRA 15, 4)	/82		John E. B	oulai	5	Green	sboro,	MD	250 DAT	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAM	A COL

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